



A Guide to CalPERS

# Reinstatement From Retirement

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## WHAT YOU SHOULD KNOW BEFORE REINSTATING

### Reinstatement from Retirement

After you have retired, you may decide to return to permanent employment with a CalPERS employer to earn additional service credit towards a subsequent retirement. This process, known as reinstatement from retirement, is described in this publication. If you are reinstating from service retirement, you must have a firm start date or hire date from a CalPERS employer and submit the *Reinstatement from Service Retirement Application*. If you are reinstating from disability or industrial disability retirement, you must submit the *Reinstatement From Disability/Industrial Disability Retirement Application* and be approved for reinstatement before you may return to work.

When you reinstate into active employment with a CalPERS employer, you stop receiving a retirement benefit allowance. You resume active member status and earn additional service credit from the new employment toward a subsequent retirement.

California retirement law governs the type of employment you may have with a CalPERS agency after you have retired. You must reinstate from retirement before you go back to work in a permanent position with an employer covered by CalPERS.

If your employment with a CalPERS employer will be a **temporary appointment**, to do work of limited duration, and you have specialized skills, or your employment is required in an emergency to prevent stoppage of public business, the maximum amount of hours you may work is 960 in a fiscal year. A fiscal year is any year commencing on July 1 and ending the following year on June 30. Your pay rate must be no more or no less than the rate paid to an employee doing similar duties. Please refer to the *Employment After Retirement* publication for additional information on your eligibility for temporary employment and what kind of employment is permissible without reinstatement.

**Note to members retired concurrently from CalPERS and another reciprocal or “non-reciprocal” California public retirement system:** You must reinstate from CalPERS retirement only to a position with a CalPERS employer. There is no provision in the Retirement Law for your CalPERS retirement to be suspended while you reinstate to active employment with an employer under a different California public employee retirement system.

Reinstatement from CalPERS retirement terminates the concurrent retirement you have with any reciprocal or non-reciprocal system(s). If the other systems’ salaries were used in the calculation of your concurrent retirement, those salaries cannot be used in your subsequent retirement from CalPERS. Your subsequent retirement from CalPERS will be based solely on your CalPERS salaries.

Before you make the decision to reinstate, we **highly recommend** that you read this entire publication. Consult with your prospective employer's human resources or personnel office to determine your specific benefits as a retiree of your prospective employer. CalPERS staff are also available to answer questions at toll free **888 CalPERS** (or **888-225-7377**).

## Unlawful or "Illegal" Employment

If you accept a **permanent** appointment and begin working for a CalPERS employer before applying to CalPERS for reinstatement from retirement, your employment is in violation of state law. **This is true whether or not the employment will exceed the 960 hour limit.** Upon notice to CalPERS of this unlawful employment, you will be subject to mandatory reinstatement retroactive to the date the unlawful employment began. The law also requires you to:

- **Reimburse CalPERS** for the total retirement benefits you received during the period of illegal employment;
- **Pay CalPERS** the employee retirement contributions that would have been submitted during the period of unlawful employment, plus interest; and
- **Reimburse CalPERS** for administrative expenses incurred in handling this situation, to the extent you are found to be at fault.

Any CalPERS employer that employs a retired member in violation of the law will be required to:

- **Pay CalPERS** the employer retirement contributions that would have been submitted during the period of unlawful employment, plus interest; and
- **Reimburse CalPERS** for administrative expenses incurred in handling this situation, to the extent the employer is found to be at fault.

## How Reinstatement Affects Subsequent Retirement

### Loss of Previous Retirement Benefits

Please be aware that your new retirement may not include the same benefits you had with your previous retirement. You should discuss with your prospective employer the benefits you will receive when you retire again. For example, does the employer you will reinstate with provide medical benefits to its retirees? Will you be eligible for these benefits when you retire under that employer's plan?

The following retirement benefits will change or be lost by reinstatement:

- Retiree medical coverage, which depends upon benefit offered by employer at re-retirement
- "Golden Handshake" additional service credit which is permanently lost by reinstatement
- Temporary annuity payments, which will stop at reinstatement
- The annual cost-of-living allowance (COLA) increase, which will begin in the second calendar year after re-retirement

- The Purchasing Power Protection Allowance, which is a special payment to those retirees whose purchasing power has dipped below threshold levels established by law. You may lose eligibility for this benefit at re-retirement.

### **Sick Leave Service Credit from Previous Retirement**

#### ***State Agency***

If you are reinstating within 6 months of your retirement date, your unused sick leave will be restored to your active employee balance if you return to State employment. Any sick leave service credited to your retirement account will be removed.

If your reinstatement is more than six months after your retirement date, any sick leave service included in your retirement allowance will remain in your retirement account to be included in your benefit calculation when you retire again in the future.

#### ***School or Public Agency***

If you are a State agency retiree and you are reinstating with a school or public agency, your sick leave service credit will remain in your retirement account.

If you are a school or public agency retiree and you are reinstating with a school or public agency, your sick leave will remain in your retirement account. If your employer will be crediting it to your active employee account, they must notify CalPERS immediately so the sick leave credit can be removed from your retirement account.

#### ***Re-Retirement after Reinstatement***

If you are reinstating to take advantage of an improved retirement formula for previous service, there may be restrictions for having that previous service credit calculated with the improved formula upon re-retirement. For information concerning your retirement formula benefits when you re-retire, contact your human resources or personnel representative.

See the section “When you Retire Again” in this publication for details on allowance calculation.

### **Avoiding an Overpayment of Retirement Allowance Due to Reinstatement**

You can avoid incurring an overpayment of retirement allowance due to reinstatement to active employment by submitting your *Reinstatement From Service Retirement Application* or *Reinstatement From Disability/Industrial Disability Retirement Application* before you begin active employment with a CalPERS employer. If you do not, you will be required to reimburse CalPERS the total amount of retirement allowance you receive during the same period for which you receive salary or wages.

## Reinstatement from Service Retirement

You cannot reinstate from retirement before you have been hired by a CalPERS employer. To voluntarily reinstate from service retirement into active employment you must have a firm start date or hire date from the CalPERS employer **and** submit the completed *Reinstatement From Service Retirement Application* form in this publication as follows:

- You must complete Sections 1 and 3 of the application.
- Your employer's human resources or personnel representative must complete Section 2 of the reinstatement application.
- You must send the completed application to:  
CalPERS Benefit Services Division  
P.O. Box 942716  
Sacramento, CA 94229-2716.
- Upon receipt of your completed reinstatement application, CalPERS will notify you in writing verifying the dates your retirement ends and your reinstatement starts.

## Reinstatement from Disability or Industrial Disability Retirement

If you are a disability or industrial disability retiree and wish to reinstate to a permanent position with a CalPERS-covered employer, you must submit to CalPERS the *Reinstatement from Disability/Industrial Disability Retirement Application*.

- Complete Section 1 of the *Reinstatement from Disability/Industrial Disability Retirement Application* located in the back of this publication.
- Complete Section 2 **only** if you are an industrial disability retiree and wish to reinstate to a permanent miscellaneous position with a CalPERS-covered employer. Upon subsequent retirement, CalPERS will recalculate your retirement allowance using the same benefit formula for industrial disability and adding an annuity for the additional time you worked after reinstatement. If you are eligible for a service retirement after the miscellaneous employment, you may receive whichever allowance is greater, but you will retain the industrial disability retirement classification (Government Code section 21197 and 21200).
- Have your prospective employer complete Section 3 of the application form, stating their "intent to hire" you upon CalPERS approval. For State of California and California State University (CSU) retirees, this section does not need to be completed if you are requesting to reinstate to the same job you held at retirement.
- You and your prospective employer must complete and sign the *Physical Requirements of Position/Occupation Title* form, located in the back of this publication.
- Provide a position duty statement for the position in which you wish to reinstate.

- You must schedule an appointment with a specialist for your disabling condition(s) and provide the specialist with a copy of the position duty statement and the completed *Physical Requirements of Position/Occupational Title* form. If you had more than one disabling condition at the time of retirement, you must provide a medical report from each medical specialist.
- You must submit to CalPERS a completed and signed *Authorization to Disclose Protected Health Information* form, located in the back of this publication.

CalPERS will require a current medical report from a specialist for the disabling condition(s) that precluded you from working. The specialist must include the following pertinent information on appropriate letterhead in the medical report:

- Indicate patient (name) and the date of the most recent examination.
- Indicate that the position duty statement (by title) and the *Physical Requirements of Position/Occupational Title* form were reviewed and discussed with patient.
- Indicate whether or not there are any limitations or restrictions to patient performing all tasks and specifically identify what the restrictions involve.
- Indicate doctor's signature, printed name, medical specialty, and contact information.

In order for CalPERS to begin the determination process, which can take approximately three to six months, you must submit all required documents with your request form. There are times when CalPERS may require additional information and/or an independent medical examination to supplement your medical specialist's report. If so, CalPERS will select the medical specialist, schedule the appointment, and pay for the examination.

### **CalPERS Must Approve Your Reinstatement Before You Begin Working**

The process for reinstatement from disability or industrial disability retirement can take from three to six months. You should submit your reinstatement request as far in advance as possible. You may request a specific reinstatement date, but the effective date of employment cannot be prior to the date of CalPERS approval. Once CalPERS approves your reinstatement and receives a hire date, your retirement allowance ceases to be payable on the date of re-employment. When you decide to re-retire, you must submit an application for retirement stating your new retirement date.

### **Local Safety Members**

If you retired for disability or industrial disability from a public agency local safety position, **and you are requesting reinstatement to any public agency local safety position**, you must submit your initial application for reinstatement to the agency from which you retired. That agency will determine your eligibility for reinstatement.

**Note:** Under certain conditions you may work more than 960 hours for a CalPERS-covered employer while receiving a disability retirement benefit without reinstatement. Please refer to the CalPERS **Employment After Retirement** publication for more information on employment that is permissible without reinstatement.

## Important Information for State and CSU Retirees

If you are a State of California or California State University disability retiree, you have various reinstatement options. Refer to the information in the Reinstatement from Disability or Industrial Disability Retirement section of this publication. If your disability is determined to be no longer incapacitating for duty in the position you held at the time of retirement, you can reinstate to that position. Alternatively, you can reinstate to another position in the same classification. However, if you opt for the alternative and reinstate into any position in the same classification other than the position from which you retired, you will forfeit all reinstatement rights to the position you held at the time of retirement.

### Example

Mr. Smith is retired because of a disability from his position as an Office Assistant with Department A. Thereafter, his condition improves and he is determined to be no longer incapacitated for duty as an Office Assistant with Department A. Mr. Smith may reinstate to his position as an Office Assistant with Department A. Alternatively, Mr. Smith may reinstate into a vacant Office Assistant position with Department B. If he reinstates into an Office Assistant position with Department B, he will thereafter forfeit any right to reinstatement as an Office Assistant with Department A.



## WHEN YOU RETIRE AGAIN

### Service Retirement

To apply for service retirement after reinstatement, refer to the *A Guide to Completing Your CalPERS Service Retirement Election Application* publication.

### Disability or Industrial Disability Retirement

If you become unable to perform your current job duties due to illness or injury that is expected to be permanent or last longer than six months, refer to the *A Guide to Completing Your CalPERS Disability Retirement Application* publication.

### Re-retirement under Government Code Section 21197

If you are re-retiring under GC 21197, you must:

- Submit a new *Disability Retirement Election Application*;
- Write on the application, “Retiring under GC 21197”; and
- Call CalPERS toll free at **888 CalPERS** (or **888-225-7377**) to advise us you are re-retiring under GC 21197.

Government Code Section 21197 does not require medical and vocational information to resume your retirement.

Your eligibility for coverage for health, survivor, and death benefits may change when you re-retire after reinstatement. See page 3 for information regarding the effect of reinstatement on subsequent retirement.

For additional information concerning your benefits when you re-retire, contact your human resources or personnel representative.

### Calculating Your New Retirement Allowance

When you retire again after reinstatement, CalPERS uses several factors, including final compensation and service credit, to calculate your new retirement benefit allowance. Final compensation is your average monthly pay rate for 12 or 36 consecutive months of your new employment, depending upon your employer’s contract with CalPERS.

If your new employment is shorter than your employer’s normal final compensation period, your final compensation will be based partly on your pay rate before your previous retirement.

For example, if your employer has a three-year final compensation period and you worked for two years after reinstatement, CalPERS will add one year of your previous pay rate to complete the three-year final compensation period.

**If you have earned less than one year of service credit after reinstatement,** CalPERS will calculate your new retirement allowance using the service credit earned during this period, your age at re-retirement, your final compensation after reinstatement, and your allowance prior to reinstatement.

**Note:** If you are a retired public agency or school member returning to employment with a public agency or school employer, CalPERS will base your retirement formula on the employer’s contract.

**Note:** If you are a retired public agency or school member returning to employment with a public agency or school employer, CalPERS will base your retirement formula on the employer's contract.

The following example illustrates how CalPERS will calculate your new allowance if you are a State agency retiree returning to a State agency under the 2% at 55 formula.

Service credit after reinstatement	=	0.5 years
Benefit factor for new retirement age (65)	=	2,500
Final compensation	=	\$2,200
Allowance prior to reinstatement	=	\$500

**Step 1**

0.5	service credit after reinstatement
x 2.50%	benefit factor for new retirement age
1.25%	percent of final compensation

**Step 2**

1.25%	percent of final compensation
x \$2,200.00	final compensation
\$27.50	allowance on new service

**Step 3**

\$27.50	allowance on new service
+ \$500.00	allowance on old service
\$527.50	total new allowance

If you have earned one year or more of service credit after reinstatement, CalPERS will calculate your new allowance using your service credit for your employment both before and after reinstatement based on the following:

- Each employer's contract with CalPERS
- The benefit factor for your new retirement age
- Your "determined age" [your age at re-retirement, minus the number of months and years you were retired]
- Your final compensation

The following example illustrates how CalPERS would calculate your new allowance if you are a State agency retiree returning to a State agency under the 2% at 55 formula.

Service credit after reinstatement	=	4.200 years
Benefit factor for new retirement age (65)	=	2.500
Final compensation	=	\$2,200
Service credit for prior retirement	=	9 years
Length of retirement	=	6 years
Benefit factor for determined age (65 – 6 = 59)	=	2.250

#### Step 1

4.20	service credit after reinstatement
x 2.50%	<u>benefit factor for new retirement age</u>
10.50%	percent of final compensation

#### Step 2

10.50%	percent of final compensation
x \$2,200.00	<u>final compensation</u>
\$231.00	allowance on new service

#### Step 3

9.00	service credit for prior retirement
x 2.25%	<u>benefit factor for determined age</u>
20.25%	percent of final compensation on old service

#### Step 4

20.25%	percent of final compensation
x \$2,200.00	<u>final compensation</u>
\$445.50	allowance on old service

#### Step 5

\$445.50	allowance on old service
+ \$231.00	<u>allowance on new service</u>
\$676.50	total new allowance

**Important**

Due to the complexity of these estimates, we encourage you to submit your written request 60 to 90 days before your anticipated date of reinstatement.

Please mail written request for an estimate to:  
Member Services Division  
Estimate Unit  
P.O. Box 942717  
Sacramento, CA 94229-2717

## Estimates for Future Retirement Benefits

There are various circumstances that may affect the calculation of your allowance when you re-retire:

- Disability retirement versus service retirement
- Industrial disability reinstatement to miscellaneous membership
- Whether reciprocity with another retirement system was involved in your retirement
- Whether you were receiving temporary annuity benefits

If you are considering reinstatement from retirement, CalPERS may be able to provide you with an estimate of your **future service retirement** unmodified allowance amount under specific circumstances. **Your request must be in writing.** You must provide CalPERS with the following information.

- Prospective employer and prospective employment date
- Full-time or part-time employment (include hours per month if part time)
- Projected final compensation for the period of reinstatement
- Future retirement date

Your eligibility for the annual cost-of-living increase (COLA) and the Purchasing Power Protection Allowance will be determined by and based on your re-retirement date and new re-retirement benefits.

**Please refer to the mailing information on the margin of this page.**

## BECOME A MORE INFORMED MEMBER

### CalPERS On-Line

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for more information on all your benefits and programs.

### Reaching Us By Phone

Call us toll free at **888 CalPERS** (or 888-225-7377).

Monday through Friday, 8:00 a.m. to 5:00 p.m.

TTY: For Speech & Hearing Impaired (916) 795-3240

### my|CalPERS

Stay informed and be in control of the information you want and need—  
with my|CalPERS!

my|CalPERS is the personalized and secure website that provides all your retirement, health, and financial information in one place. Take advantage of the convenience of 24/7 access to learn more about CalPERS programs and services that are right for you in your career stage. With my|CalPERS, you can:

- Get quick and easy access to all your account information.
- Manage and update your contact information and online account profile.
- Access information about your health plan and family members enrolled in your plan.
- See all the information you need to make health plan decisions.
- View, print, and save online statements.
- Go “green” by opting out of receiving future statements by mail.
- Use financial planning tools to calculate your retirement benefit estimate, estimate your service credit cost, and even request a staff-prepared retirement estimate.
- Check statuses of requests to purchase service credit or applications for disability retirement.
- Keep informed with CalPERS News so you don’t miss a thing.

### CalPERS Education Center

my|CalPERS is your gateway to the CalPERS Education Center. Whether you’re in the early stages of your career, starting to plan your retirement, or getting ready to retire, visit the CalPERS Education Center to:

- Take online classes that help you make important decisions about your CalPERS benefits and your future.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Browse our retirement fair schedule.
- Make a personal appointment with a retirement counselor.

Log in today at [my.calpers.ca.gov](http://my.calpers.ca.gov).

**Visit Your Nearest CalPERS Regional Office**

**Visit the CalPERS website for directions to your local office.**  
Monday to Friday, 8:00 a.m. to 5:00 p.m.

**Fresno Regional Office**

10 River Park Place East, Suite 230  
Fresno, CA 93720

**Glendale Regional Office**

Glendale Plaza  
655 North Central Avenue, Suite 1400  
Glendale, CA 91203

**Orange Regional Office**

500 North State College Boulevard, Suite 750  
Orange, CA 92868

**Sacramento Regional Office**

Lincoln Plaza East  
400 Q Street, Room E1820  
Sacramento, CA 95811

**San Bernardino Regional Office**

650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

**San Diego Regional Office**

7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

**San Jose Regional Office**

181 Metro Drive, Suite 520  
San Jose, CA 95110

**Walnut Creek Regional Office**

1340 Treat Blvd., Suite 200  
Walnut Creek, CA 94597

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche or microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.*



# Reinstatement from Disability/Industrial Disability Retirement Application

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

If you are reinstating from service retirement, do **not** use this form. Refer to the Reinstatement from Service Retirement Application in this publication.

## Section 1

Completing this form is a formal request to reinstate into active membership with a CalPERS-covered employer.

## Member Certification

Name of Member (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP

I request reinstatement into active CalPERS membership with the following employer, in the following position. I understand that reinstatement can change the benefits I receive now and the benefits I am entitled to in the future.

Name of Employer Job Title Hire Date (proposed) (mm/dd/yyyy)

Signature of Member Date (mm/dd/yyyy) Phone

## Section 2

## Safety Members Requesting Reinstatement Under Government Code 21197

- ☐ I am requesting reinstatement from an industrial disability retirement into a miscellaneous position under Government Code Section 21197. I have read the Reinstatement from Disability or Industrial Disability Retirement section of this booklet and understand the requirements of this provision.

## Section 3

Complete this section if reinstatement is to a different position from which retired. Please attach duty statement.

## Employer Certification

It is our intent to hire for the following:

Name of Employer Job Title

Name of Member

Authorized Signature

Title Date (mm/dd/yyyy) Phone

This offer is contingent upon written approval from CalPERS.

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796





# Reinstatement from Service Retirement Application

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Do not use this application if you are retired on a disability or industrial disability retirement. Instead, use the Reinstatement from Disability/Industrial Disability Retirement Application provided in this booklet.

## Section 1

Please provide your full name including middle initial. Display all dates in this order: Month/Day/Year.

## Member Information

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Daytime Phone	Evening Phone	
Address			
City	State	ZIP	

## Section 2

Must be completed by a human resources or personnel representative.

## Employer Information and Certification

Date of Employment (mm/dd/yyyy)	Position Title (do not abbreviate)
Name of Employer	Employer Code
Address	
City	State ZIP

I hereby certify, under penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Signature of Employer	Position Title	Date (mm/dd/yyyy)
Print Name of Employer	Employer's Phone Number	

## Section 3

## Member Signature and Certification

I hereby certify, under penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Signature of Member	Date (mm/dd/yyyy)
---------------------	-------------------

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716



# Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

## Section 1

### Member Information

_____ Name of Member (First Name, Middle Initial, Last Name)		____ - ____ Social Security Number
(____) _____ Daytime Phone	(____) _____ Evening Phone	
_____ Address		
_____ City	_____ State	_____ ZIP

I authorize the disclosure of my protected health information, including, but not limited to, medical histories, diagnoses, examination reports, chart notes, testing and test results, X-rays, operative reports, lab and medication records, prescriptions, and any other records relating to the prognosis, treatment or diagnosis of any physical, mental, psychological or psychiatric condition, to the California Public Employees' Retirement System (CalPERS) or its representative, for the sole purposes of determining my physical or mental condition, illness, or disability and my right, if any, to retirement or reinstatement under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.). I understand that any information about me disclosed pursuant to this Authorization will be used by CalPERS for the administration of its duties under the PERL, the Social Security Act, and the Public Employees' Medical and Hospital Care Act. I understand that submission of the requested information is mandatory under Government Code section 20128 and that failure to supply the information requested may result in CalPERS being unable to make a determination regarding my status.

This Authorization applies to any and all health and/or medical related information about me in the possession of any health care provider, health plan, insurance company or fund, employer or plan administrator, government agency, organization or entity administering a benefit program, rehabilitation organization or program.

I understand that if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, that information may be re-disclosed and would no longer be protected.

I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing by letter directed to the CalPERS Benefit Services Division at the address below. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization. Unless cancelled by me in writing, this Authorization shall be valid for four years from the date shown below. A photocopy of this Authorization shall be as valid as the original. I understand that I may request a copy of this Authorization at any time.

## Section 2

### Authorization to Release Information

**I also authorize the disclosure of any and all personnel and other employment-related records on file with any of my present or former employers which relate to my job duties, work performance, and other work-related issues including, but not limited to, attendance and sick leave records and records of administrative and judicial action arising out of, or related to, my past or present employment.**

_____ Signature of Member	_____ Date (mm/dd/yyyy)
------------------------------	----------------------------

Mail to:

**CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796**



# Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

## Section 1

This form must be completed by the member and their employer to supplement the physical requirements listed on the member's job duty statement/job description.

## Member Information

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
Position/Occupational Title		Name of Employer	
Worksite Street Address			
City		State	ZIP

## Section 2

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

## Physical Requirements Information

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Sitting					
Standing					
Running					
Walking					
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					
Pushing & Pulling					
Fine Manipulation					
Power Grasping					
Simple Grasping					
Repetitive use of hand(s)					
Keyboard Use					
Mouse Use					
Lifting/Carrying					
0 – 10 lbs.					
11 – 25 lbs.					
26 – 50 lbs.					
51 – 75 lbs.					
76 – 100 lbs.					
100 + lbs.					

Continued on page 2.

Put your name and  
Social Security number  
at the top of every page.

Your Name

Social Security Number

## Section 2 (continued)

Indicate with a check  
mark (✓) the frequency  
required for each activity  
listed at the right.

If there is not enough  
space to enter all your  
additional requirements  
or comments, attach a  
separate sheet. Be sure  
to use a label, or clearly  
write your name and  
Social Security number  
on each attachment.

## Physical Requirements, continued

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Walking on uneven ground					
Driving					
Working with heavy equipment					
Exposure to excessive noise					
Exposure to extreme temperature, humidity, wetness					
Exposure to dust, gas, fumes, or chemicals					
Working at heights					
Operation of foot controls or repetitive movement					
Use of special visual or auditory protective equipment					
Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)					

## Section 3

This form must be  
completed and signed by  
you and your employer  
and sent to a medical  
specialist along with other  
documentation.

The medical specialist  
must be the treating  
physician specializing in  
your disabling condition.

## Signature of Employer and Member

If you are a Disability Retirement Election applicant, your employer must provide you a copy of this completed form. Your employer must send the signed original to CalPERS.

Also, you must attach your current job duty statement /job description and a copy of the *Physical Requirements of Position/Occupational Title* form to the *Physician's Report on Disability* form prior to sending them to a medical specialist. Complete document submittal requirements are described in *A Guide to Completing Your CalPERS Disability Retirement Election Application*.

If you are a Request to Work While Receiving Disability/Industrial Disability Benefits applicant or a Reinstatement from Disability/Industrial Disability Retirement applicant, you must attach the job duty statement/job description of the prospective job to a copy of the completed *Physical Requirements of Position/Occupational Title* form prior to sending them to a medical specialist. You must submit the resulting medical report and other required documents to CalPERS. The *Physician's Report on Disability* form is not required.

Signature of Employer Representative

Date (mm/dd/yyyy)

Title

Phone Number

Signature of Member

Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



**California Public Employees' Retirement System**

400 Q Street  
P.O. Box 942701  
Sacramento, CA 94229-2701

**888 CalPERS** (or **888-225-7377**)  
**[www.calpers.ca.gov](http://www.calpers.ca.gov)**

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